

**State of Minnesota****District Court**

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

☐ In Re the Marriage of: \_\_\_\_\_\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent\_\_\_\_\_  
IntervenorSTATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where Affidavit Signed)**Affidavit in Support of  
Responsive Motion to  
Modify Child Support**

I state that the following information is true and correct to the best of my knowledge.

1. My name is \_\_\_\_\_. In this case, I am the

- ☐
- Obligor (
- paying child support*
- )
- 
- ☐
- Obligee (
- receiving child support*
- )

2. In this case, child support is for:

Child's Name	Date of Birth	Is there court -ordered parenting time?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Attach a page if more space is needed)

If you and the other parent have any other minor children together who are not part of this court case, write the children's names and dates of birth here: \_\_\_\_\_Is there a support case open for any of these children? ☐ Yes ☐ No

## Reasons Why The Existing Support Order Should or Should Not Be Changed

### 3. Choose one option

☐ I do not want the current child support order changed. There has not been a substantial change of circumstances for me or the other parent, since the order was issued. *(If you want to comment on the other parent's statements about changes in finances or other circumstances, do that here):*

---

---

---

*If you need more space, attach a sheet of paper.*

### OR

☐ I ask the court to modify the current child support order. I will provide proof that there has been a substantial change in finances or other circumstances since the last court order. **I request a change in the current basic support order because of: (check all that apply)**

- ☐ Substantial change in gross income for ☐ me ☐ other party
- ☐ Substantial change in needs for ☐ me ☐ other party ☐ children in this case
- ☐ Change in receipt of public assistance for ☐ me ☐ other party
- ☐ Substantial change in cost-of-living for ☐ me ☐ other party
- ☐ New, extraordinary medical or dental expenses for the child(ren) in this case
- ☐ Change in receipt of social security benefits for ☐ me ☐ other party ☐ child
- ☐ Change in the residence of the child(ren)
- ☐ Emancipation of a child (name of child): \_\_\_\_\_

4. *(Answer #4 if you are asking for a change to the current support order)* I make the following other comments in support of my request for a change to the existing basic support order: *(Explain the items you checked at #3. For example, why have living expenses gone up or down? Attach documents or bills that help to prove what you are saying.)*

---

---

---

*If you need more space, attach a sheet of paper.*

5. **I ask the court to change the current order for health care support for the children:**

☐ **Yes** ☐ **No** If no, skip to #6.

a) Currently, the child(ren) have health care coverage as follows:

- ☐ Minnesota Care or Medical Assistance
- ☐ No coverage
- ☐ I provide coverage
- ☐ Other parent provides coverage
- ☐ Other: \_\_\_\_\_

b) I want to change the way health care coverage is provided for the child(ren). (*Explain what you want changed, and why*) \_\_\_\_\_

c) Health care coverage is available for the child(ren) through my work or union:

☐ YES ☐ NO If Yes, answer the following:

- i. Cost of monthly health care coverage for self: \$ \_\_\_\_\_
- ii. Cost of monthly health care coverage for dependents: \$ \_\_\_\_\_
- iii. Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ \_\_\_\_\_
- iv. Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ \_\_\_\_\_

If coverage is not available through your work, have you checked on the cost of buying private insurance to cover the health needs of the child(ren)? ☐ YES ☐ NO

If yes, what is the cost? \$ \_\_\_\_\_ per month.

**6. I ask the court to change the court order for Child Care/Day Care Obligation:**

☐ Yes ☐ No If no, skip to #7.

a) I am asking for a new order regarding child care/day care expenses because:

- ☐ There is no court ordered child care obligation and I have child care expenses.
- ☐ The cost of child care has changed. It has ☐ increased ☐ decreased.
- ☐ County assistance with child care expenses has changed.

b) I need a change in the child care support order because: (*Use this space to explain what has changed and how that impacts the costs*) \_\_\_\_\_

c) The **current** total monthly costs of child care are \$ \_\_\_\_\_

d) If there is an existing court order for monthly child care expenses, state the court-ordered amount: \$ \_\_\_\_\_

*Look at your current Child Support Order to answer the next questions. If you do not have your Order, contact Court Administration or go to the courthouse to get a copy. You need to prove*

*that your circumstances today are significantly different than they were at the time of the last order, and that the changes make the current order unfair.*

7. The existing support order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_.

8. At the time the existing order was issued **I** was:

☐ Unemployed

☐ Employed at \_\_\_\_\_ (company or occupation) with a monthly gross income of \$\_\_\_\_\_ from this employment.

I had other monthly gross income totaling \$\_\_\_\_\_ or ☐ none from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).

9. At the time the existing order was issued **the other parent** was:

☐ Unemployed

☐ Employed at \_\_\_\_\_ (company or occupation) with a monthly gross income of \$\_\_\_\_\_ from this employment.

☐ The order does not include this information, or I don't know this information.

The other parent had other monthly gross income totaling \$\_\_\_\_\_ or ☐ None or ☐ I don't know from: \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).

10. At the time the existing order was issued, the child(ren) listed above at #2 received social security or veteran's benefits in the amount of: ☐ None OR \$ \_\_\_\_\_ per month based on ☐ my disability ☐ other parent's disability. This amount is paid to ☐ me ☐ other parent.

### **Current Information About Me**

11. I am currently (*check all that apply*):

☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single

12. I am currently ☐ employed ☐ unemployed (*if employed, answer the following*):

a. Employer: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Work telephone number: \_\_\_\_\_

d. Occupation /Type of work: \_\_\_\_\_

e. Length of employment: \_\_\_\_\_

f. Supervisor: \_\_\_\_\_

g. Gross Pay: \$\_\_\_\_\_ This ☐ does ☐ does not include overtime pay.

h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly

i. Previously employed by \_\_\_\_\_ for \_\_\_\_\_ years prior to the above employment.

13. I have the following additional sources of income: *(Enter amount, or zero)*
- |  |          |                       |          |
|--|----------|-----------------------|----------|
| Commissions  | \$ _____ | Pension Payments      | \$ _____ |
| Annuity Payments   | \$ _____ | Unemployment Benefits | \$ _____ |
| Military / Naval Retirement  | \$ _____ | Workers' Compensation | \$ _____ |
| Spousal Maintenance Received   | \$ _____ | Disability Payments   | \$ _____ |
| "RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) \$ _____ |          |                       |          |
| Tribal or per capita income  | \$ _____ |                       |          |
| Self-Employment  | \$ _____ | Other                 | \$ _____ |

14. **Proof of my income is attached to Form 11.2, which I will file with the court and serve on the other parent. (Attach pay stubs or tax return)**

15. I receive *(check only if it applies)*

☐ MFIP   ☐ Medical Assistance   ☐ MinnesotaCare   ☐ General Assistance  
☐ SSI   ☐ Child Care Assistance

16. The children currently receive social security or veteran's benefits in the amount of \$ \_\_\_\_\_ per month based on ☐ my disability   ☐ the other parent's disability. This is paid to ☐ me   ☐ other parent.

17. I am court ordered to pay monthly spousal maintenance.

☐ YES   ☐ NO   *If yes, how much?* \_\_\_\_\_

18. In addition to the children at #2, I am the legal parent of another (nonjoint) minor child:

☐ Yes   ☐ No

*You are probably the legal parent if:*

- *You are the biological mother, and your parental rights have not been terminated*
- *You legally adopted the child*
- *You are the biological father, and your parental rights have not been terminated, and one of the following is true:*
  - *you were married to the mother when the child was conceived or born*
  - *you were found to be the father in a Paternity action*
  - *you signed a Recognition of Parentage (ROP) or other legal document in which you and the mother acknowledged you are the father*
  - *you have a court order regarding child support for the child*

List your nonjoint children (Do not list joint children you already listed at #2)

Child's Name (or "none")	Date of Birth	Court-ordered support you pay for this child*	Does this child live in your home at least 50% of the time?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you need more space, attach a page.*

\*Provide copies of current support orders for these nonjoint children.

19. My monthly expenses at the present time are as follows *(If married, include total household expenses. List all your expenses, even if someone else helps pay them.)*:

		<b>Monthly Payment at Present Time</b>
a.	<input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b.	Real Estate Taxes, if not included in (a)	\$ _____
c.	Association Dues or Lot Rent (for property)	\$ _____
d.	Insurance:	
	Homeowners, if not included in (a)	\$ _____
	Car	\$ _____
	Life	\$ _____
e.	Utilities: (Average Monthly Amount)	
	Gas	\$ _____
	Electricity	\$ _____
	Telephone	\$ _____
	Water and garbage	\$ _____
	Cable TV	\$ _____
f.	Food	\$ _____
g.	Clothing	\$ _____
h.	Laundry/dry cleaning	\$ _____
i.	Personal allowances and incidentals	\$ _____
j.	Magazine and newspapers	\$ _____
k.	Uninsured / unreimbursed medical expenses	\$ _____
l.	Uninsured / unreimbursed dental expenses	\$ _____
m.	Child care expenses	\$ _____
n.	Transportation expenses:	
	Bus, Train, Taxi	\$ _____
	Car payment	\$ _____
	License	\$ _____
	Gasoline	\$ _____
	Repair	\$ _____
o.	Recreation/Entertainment	\$ _____
p.	Child(ren)'s needs (sports/school/hobbies)	\$ _____
q.	Allowances	\$ _____
r.	Other (list) _____	\$ _____

**TOTAL MONTHLY EXPENSES:**                      \$ \_\_\_\_\_

Charge accounts and loans (list):

Name of Account/loan	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

*(Attach a page if more space is needed)*

20. The following people help me pay my current monthly expenses listed in question 19:  
☐ Spouse   ☐ Companion   ☐ Roommate(s)   ☐ Relatives   ☐ No One

21. The value of the property I currently own by myself or with someone else is:

Home \$ \_\_\_\_\_

Household goods \$ \_\_\_\_\_

Purchase price of my home \$ \_\_\_\_\_

Balanced owed on my home \$ \_\_\_\_\_

Other real estate \$ \_\_\_\_\_

Checking/savings \$ \_\_\_\_\_

Automobiles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_

Recreational vehicles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_

Personal property \$ \_\_\_\_\_

Stocks/bonds/etc. \$ \_\_\_\_\_

### Current Information about Other Parent

22. To the best of my knowledge, the other parent is currently:

☐ employed   ☐ unemployed   ☐ I don't know

*(If employed, answer what you know)*

a. Employer: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Work telephone number: \_\_\_\_\_

d. Occupation / Type of work: \_\_\_\_\_

e. Length of employment: \_\_\_\_\_

f. Supervisor: \_\_\_\_\_

g. Gross Pay: \$ \_\_\_\_\_ This ☐ does ☐ does not include overtime pay.

h. Paid: ☐ Weekly   ☐ Every other week   ☐ Twice a month   ☐ Monthly   ☐ Unknown

i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

23. To the best of my knowledge, the other parent has the following additional sources of income: *(enter amount, or zero)*

Commissions \$ \_\_\_\_\_ Pension Payments \$ \_\_\_\_\_

Annuity Payments \$ \_\_\_\_\_ Unemployment Benefits \$ \_\_\_\_\_

Military / Naval Retirement \$ \_\_\_\_\_ Workers' Compensation \$ \_\_\_\_\_

Spousal Maintenance Received \$ \_\_\_\_\_ Disability Payments \$ \_\_\_\_\_

"RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) \$ \_\_\_\_\_

Tribal or per capita income \$ \_\_\_\_\_

Self-Employment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

24. To the best of my knowledge, the other parent receives:

☐ MFIP   ☐ Medical Assistance   ☐ MinnesotaCare   ☐ General Assistance  
☐ SSI   ☐ Child Care Assistance

25. To the best of my knowledge, the other parent is ordered to pay spousal maintenance:  
☐ YES *If yes, how much?* \_\_\_\_\_ ☐ NO ☐ I don't know

26. To the best of my knowledge, the "other parent" is the legal parent of minor children from a different relationship as listed below.

Child's Name (or "none")	Date of Birth	Court-ordered to pay support for this child?	Does this child live with "other parent"?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_